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EDITORIALS

A STATE ELECTION YEAR—NEW RE-APPORTIONMENT IN THE CALIFORNIA LEGISLATURE

This Is a State Election Year.—All do or should know that this is a state election year. The recent primary election was held in August and the candidates representing the different political parties have now been nominated and await the final decision of the citizens of California, which will be rendered in the November election.

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Proper Maintenance of Public Health Standards Is a Civic and Medical Responsibility.—The members of the California Medical Association and their official journal, CALIFORNIA AND WESTERN MEDICINE, are not interested in political parties or in the representatives of political parties, as such. They are, however, very much interested in the attitude which elective executive and administrative officers hold toward public health problems.

Members of the medical profession cannot escape their special responsibilities in the maintenance of proper public health standards. A foundation principle in good citizenship in a republican form of government makes it obligatory for every citizen to offer to the state the best judgment and efforts of which he or she is capable, in so far as the maintenance of govern-

mental standards having to do with the general welfare are concerned.

Medical men and women are by their training specially fitted to give superior or expert advice on the solution of public health problems. Such counsel, when given by experienced physicians to lay executives or legislators who may be holding civic positions should not fall on indifferent, unwilling or antagonistic ears. To that extent, therefore, physicians should make it their business to know somewhat of the viewpoints of candidates for public office, and to sound out such candidates as to their general attitude on public health problems of California, so that, if possible, only such candidates shall be elected to office who will give loyal support to desirable public health measures.

Such interrogation of candidates can be best done through properly constituted public policy and legislation committees of county and state medical societies, these committees in turn communicating the results and impressions obtained in such conferences with candidates, to the members of their respective societies, so that individual physicians and the friends of physicians may be placed in better position to exercise wise judgment in the selection of the candidates for whom they will cast their votes.

It is not necessary for such committees, in every instance, to espouse the candidacy of one particular candidate for each office. Where candidates with proper backgrounds and creditable past records aspire to the same office, committees on public policy and legislation can very properly state that each such candidate is acceptable, leaving it to individual medical friends of each such candidate to give such special support as under the circumstances might seem warranted, if that should be deemed necessary or desirable.

In all this work, committees on public policy and legislation should make a special effort to refrain from improper partisanship, for partisanship is only permissible under special conditions. That is, special partisanship for one candidate may be justified, when the opposing candidate has a record of real or very probable antagonism to the maintenance of proper public health standards. The reasons for such antagonism it is not necessary to emphasize, or to specially dwell upon. It is enough to know that a certain candidate is opposed, for this, that or the other reason, to sane public health legislation and administration. That fact once properly established, then such a candidate should not receive the suffrages of members of the medical profession or of those lay citizens holding viewpoints on public health that are in general accord with those held by physicians.

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The New Senatorial and Assembly Reapportionment.—Members of the medical profession belong to one of the learned professions and because of special scholastic training are assumed to have an understanding of citizenship and gov-

ernmental responsibilities that measures up to or is better than the average possessed by citizens who may have been less fortunate in preliminary education. Nevertheless (probably because of the many other serious health and life problems constantly demanding the attention of physicians in their daily work), it is a question whether physicians by and large, as a guild group, keep themselves thoroughly alert on civic matters.

For instance, it would be interesting to know how many members of the California Medical Association still remember or are aware of the fact that at the last state election on November 6, 1928, a referendum creating certain changes in California senatorial and assembly districts was presented, the same having been submitted by the Forty-eighth California Legislature, and the people voting that the provisions therein contained should be enacted into law.

In the "public policy and legislation" column of the Miscellany Department of this issue of CALIFORNIA AND WESTERN MEDICINE are printed the reapportionment changes which were then made in senatorial and assembly districts. Perhaps the most important change has to do with the state senate, for no one county is now permitted to have more than one state senator, and all except a few of the very small northern counties have each one such senator, the very small population counties being divided into eleven groups of twos and threes, each of such groups having a state senator.

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The Senatorial District Set Up Is Similar to That of the House of Delegates of the California Medical Association.—It is somewhat of a curious coincidence that the charters of county medical societies, as applied to county units consisting of two or more smaller county groups, which have been in operation for years in the California Medical Association, approximate somewhat the same arrangement as was adopted by the people of California only two years ago for civic government. Indeed, one state senatorial district, namely, that consisting of Mono and Inyo counties, finds our state medical association altogether unrepresented through a component county society. Readers who are interested in studying such a comparison for themselves, can do so by comparing the list already referred to, and which is printed in this issue, with the make-up of the California Medical Association House of Delegates as printed on page 269 of the April, 1930, issue of CALIFORNIA AND WESTERN MEDICINE.

The significant feature of the senatorial phase of the 1928 reapportionment lies in this, that the Assembly, which is composed of members apportioned on the basis of population, will not be able to dominate in legislative matters. That is, the larger cities and centers of population in California will not be able to dominate future legislation

through excess of representatives in both houses of the legislature, because all Assembly resolutions must receive the approval of the Senate before being passed on to the Governor for further approval and enactment into law.

It may be asked, what has all this to do with organized medicine and the maintenance of public health interests? Just this, that the smaller component county medical societies of the California Medical Association are now in the position, for the first time, where they will be able to exert what might be termed an even greater influence on prospective public health legislation than will the larger county medical societies (including cities such as San Francisco, Los Angeles, Oakland and Sacramento).

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Smaller County Medical Societies Can Render Efficient Service.—Fortunately for the public health interests of California, the smaller county medical units of the California Medical Association are, as a class, quite well organized. In these smaller counties, moreover, the physicians occupy a peculiarly intimate and pleasant relationship with lay fellow citizens. This personal knowledge and contact with senatorial candidates can therefore become a most valuable aid to the California Medical Association committee on public policy and legislation. These thoughts are presented by the editor to call attention to this new development in our political and civic adjustments, and to urge our smaller county medical societies to be alert to the new responsibilities which now rest upon them.

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County Society Committees on Public Policy and Legislation Should Be Active.—As has been so often stated in this column, every component county medical unit of the California Medical Association should have an alert and at this particular time, an actively working committee on public policy and legislation, to watch not only its own jurisdiction, but to maintain active relationship in state-wide endeavors with the standing committee of the California Medical Association. If our county units through their officers and committees, will take an immediate interest in the matters here outlined, the work and worries of the officers of the California Medical Association will be much lighter, and also more satisfactory during the session of the Forty-ninth Legislature, which will convene at Sacramento on January 2, 1931, than has been the case in past years. A comparatively small amount of intelligent effort exerted before the final election in November next, may give public health legislation a much better background in January, 1931, than has been noted in many recent legislative sessions. The ends to be attained more than warrant such intelligent interest and coöperation, and it is hoped that every county medical society in California will do its full part.